

**STATE OF MICHIGAN**

**SCHOOL PARTICIPATION LEAVE REQUEST FORM**

School Participation Leave is not to exceed 8 hours in a fiscal year. Request for time off is consistent with the procedures for requesting annual leave. Refer to applicable collective bargaining provisions or Department of Civil Service Regulations 5.09, Section C., for non-exclusively represented employees.

EMPLOYEE NAME	SOCIAL SECURITY NUMBER	SCHOOL DISTRICT NAME (Where Applicable)
CLASS AND LEVEL	SCHOOL NAME AND ADDRESS	
DEPARTMENT/AGENCY & DIVISION	SCHOOL STAFF PERSON NAME AND TITLE	
NUMBER OF HOURS REQUESTED	HOURS USED SINCE LAST 10/1 (Including This Request)	DATE & TIME OF LEAVE
DESCRIBE YOUR PROPOSED VOLUNTEER SERVICES.		
EMPLOYEE SIGNATURE		DATE
SUPERVISOR'S ACTION <div style="display: flex; justify-content: space-between; padding: 10px 0;"><span><input type="checkbox"/> REQUEST IS APPROVED</span><span><input type="checkbox"/> REQUEST IS DENIED FOR THE FOLLOWING REASONS:</span></div>		
SUPERVISOR'S SIGNATURE	DATE	EMPLOYEE TKU

**Distribution: WHITE -- Personnel Office    Canary -- Supervisor    PINK -- Employee**